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ABSTRACT

The document reports on a demonstration project funded under the Early Education for Multihandicapped Children Project to develop a model for children (0 to 8 years old) in the moderate to profound range of mental retardation with one or more physical handicaps and their families. Accomplishments during each of the project's 3 years are reported and include the following: to provide training and consultation for agencies which serve young multihandicapped children; to stimulate quality services and assist in the development of services systems for the young multihandicapped child; to develop and disseminate educational materials for training parents, professionals, and paraprofessionals; and to disseminate information regarding methods and techniques developed during the demonstration phase to appropriate agencies. Appendixes, which make up the bulk of the document, include a chart showing the delivery strategy and time frame for each of the 12 major areas of training, needs assessment forms, a training schedule, evaluation and staffing forms, an evaluation checklist, and letters of endorsement. (SBH)

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THE PIEDMONT REGIONAL CURRICULUM

G007604204

Final Performance Report

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STATE OF SOUTH CAROLINA
DEPARTMENT OF MENTAL RETARDATION

PIEDMONT REGION
WHITTEN VILLAGE
P. O. DRAWER 239
CLINTON, SOUTH CAROLINA 29325

CHARLES H. CHADWELL, PH.D.
SUPERINTENDENT,
PIEDMONT REGION

CHARLES D. BARNETT, PH.D.
STATE COMMISSIONER

December 6, 1979

Ms. Constance M.Tynes
U.S. Office of Education
Grant and Procurement Management Division
400 Maryland Ave., S.W., ROB # 3 Room 5662
Washington, D. C. 20202

RE: G007604204

Dear Ms. Tynes:

Enclosed please find the final Performance Report and the final fianancial status report for the above listed grant.

Sincerely,

Nancy Gooch, Director
Early Childhood Education-Outreach

NG/ls

INTRODUCTION

The Early Education for Multihandicapped Children Project was funded in 1973 for a three year demonstration period. The demostration project was operated by Whitten Center, Piedmont Region, a large residential center serving the mentally retarded. Whitten Center is a division of the South Carolina Department of Mental Retardation. The goal of the project was to develop a model of comprehensive services for young multihandicapped children, aged 0-8, who were functioning in the moderate to profound range of mental retardation and had one or more physical handicaps and their families.

Although the demonstration model was designed originally to serve institutionalized young children, the lack of services in the immediate area resulted in the addition of day students and the establishment of a home based program During the third year of the demonstation project, the Early Childhood staff along with staff from various other departments began meeting to discuss how they could extend services to nearby counties. From these meetings evolved a special project entitled Project Optimal. This project utilized forms, methods and techniques developed during the previous two years and modified them from a center based approach to a home based approach. Effective July 1, 1976 the cost of the model project was assumed by the South Carolina Department of Mental Retardation. Outreach funding was awarded in August 1976 and continued until July 1979. The project staff is now being continued utilizing state funds. This report constitutes a final summary of the project efforts from August 1976 until July 1979.

AUG 7 1980

Hopefully, this information will be valuable in assisting others who are attempting to initiate similar programs or those who may be able to improve existing programs by profiting from our experience.

Nancy Gooch, Project Director
Early Education for Multihandicapped
Children - Outreach

FINANCIAL STATUS REPORT

(Follow instructions on the back)

1. FEDERAL AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH REPORT IS SUBMITTED	2. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER	OMB Approved No. 80-R0180	PAGE	OF
Dept. of HEW; Office of Education	G007604204		1	1 PAGES

3. RECIPIENT ORGANIZATION (Name and complete address, including ZIP code)	4. EMPLOYER IDENTIFICATION NUMBER	5. RECIPIENT ACCOUNT NUMBER OR IDENTIFYING NUMBER	6. FINAL REPORT	7. BASIS
S. C. Dept. of Mental Retardartion P. O. Box 4706 Columbia, S. C. 29240	1-576000956-A1	2002302	[X] YES [ ] NO	[X] CASH [ ] ACCRUAL

8. PROJECT/GRANT PERIOD (See instructions)		9. PERIOD COVERED BY THIS REPORT	
FROM (Month, day, year)	TO (Month, day, year)	FROM (Month, day, year)	TO (Month, day, year)
7-1-78	6-30-79	7-1-78	6-30-79

10. STATUS OF FUNDS

PROGRAMS/FUNCTIONS/ACTIVITIES ►	(a)	(b)	(c)	(d)	(e)	(f)	TOTAL (g)
a. Net outlays previously reported	$	$	$	$	$	$	$ 77,000
b. Total outlays this report period							77,865
c. *Less:* Program income credits							77,000
d. Net outlays this report period *(Line b minus line c)*							865
e. Net outlays to date *(Line a plus line d)*							77,865
f. *Less:* Non-Federal share of outlays							-0-
g. Total Federal share of outlays *(Line e minus line f)*							77,865
h. Total unliquidated obligations							-0-
i. *Less:* Non-Federal share of unliquidated obligations shown on line h							-0-
j. Federal share of unliquidated obligations							-0-
k. Total Federal share of outlays and unliquidated obligations							77,865
l. Total cumulative amount of Federal funds authorized							77,000
m. Unobligated balance of Federal funds							865

6

11. INDIRECT EXPENSE

a. TYPE OF RATE *(Place "X" in appropriate box)* [ ] PROVISIONAL [ ] PREDETERMINED [ ] FINAL [X] FIXED

b. RATE	c. BASE	d. TOTAL AMOUNT	e. FEDERAL SHARE
4.8%	$61,944	$2,973	$2,973

12. REMARKS: *Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.*

13. CERTIFICATION

I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

H. C. Steele Jr.

TYPED OR PRINTED NAME AND TITLE

H. C. Steele, Jr.
Director of Finance

DATE REPORT SUBMITTED: 9-17-79

TELEPHONE *(Area code, number and extension)*: (803) 758-3834

269-102

STANDARD FORM 269 (7-76)
Prescribed by Office of Management and Budget
Cir. No. A-110

Accomplishments - Summary FY76-77

We received notification of funding in August 1976, but it was not until October that the staff was actually hired. The staff consisted of (1) project director (2) two special education Teachers (3) one social worker and (4) one clerk-typist.

The first steps undertaken was to acquaint all the new staff with the various components of the model project. The outreach staff received intensive training in all components developed during the demonstration phase.

The second steps taken was for the Outreach staff to visit each agency targeted for first year efforts to meet the program personnel and to observe the operation of each program. As a result of these meetings, the training package developed during the last year of the demostration project was modified and refined to meet the target agencies. Also, additional training components were developed and designed to meet the special need of the agenc

The original Outreach proposal identified three major target populations for first year Outreach efforts. The first agencies targeted included several vended developmental community day care centers located in the 16 county area that comprises the Piedmont Region of South Carolina. Two specific agencies requesting training, during this first year, were Habilitation Services, Inc., Gaffney, S. C., and Hollis Developmental Center, Greenville, S. C. The second population targeted for training efforts was Midlands Center, a large residential center located in Columbia, S. C. The last agency, specifically slated for training, was Project Optimal, a locally funded home based program serving young multihandicapped children in Union County, S. C.

The selection of agencies designated for initial efforts was based on the following criteria:

1. availability of interdisciplinary support services either on existing staff or from other support agencies.

2. willingness of agency to make an in-kind contribution to an Outreach effort.

3. participation and receptivity of agencies during the demonstration phase of the project.

4. incidence of pre-school multihandicapped children which require specialized services which indicated a "match" with the model project's population.

5. demonstrated stable sources of funding.

Specified Objectives to be accomplished with these agencies included the following:

1. to provide specialized ongoing training for professionals and para-professionals to improve the quality of programming for handicapped children.

2. to exchange or recommend materials, films, etc., to be used for inservice training.

3. to develop or improve the skills of the entire staff in working with families of handicapped children.

4. to modify components developed during the demonstration phase of the project for replication to include:

   -assessment
   -curriculum
   -record keeping
   -evaluations
   -family involvement

The first step in accomplishing our objectives was to complete a training needs assessment for each program. A two-fold approach was used to obtain this information. Written information was obtained by means of a checklist. The second method used was interview/informal discussion. Each staff member completed the assessment relative to her own training needs. In addition, each program director completed an assessment indicating how he or

she saw the training needs of the entire staff. The program directors and all staff members were requested, in written form and in the interview, to list any other training needs not contained on the assessment form.

Twelve major areas of training were listed and each area or category was broken down into various components (See Appendix). It was explained verbally to the program director that, in addition to the twelve areas, there was a training session on Attitudes Toward the Handicapped that was a prerequisite for all trainees. Also, there is an optional category for supervisory personnel on Motivational Systems for Employees.

Based on the needs assessment form and the informal interviews, specific training strategies were developed to meet identified needs. Small workshops and individual consultations were implemented to meet their needs. Please see the following schedule for a list of the subject matter, numbers attending, and hours involved.

DATE	SUBJECT	#ATTENDING	HOURS
9-22-77	Attidues	22 staff	2 hours
2-27-77	Child Development	20 parents	2 hours
4-13-77	O.T. Techinques	5 staff	4
4-28-77	Behavior Modification	Parents	15
6-1-77	Parent Trainer	1 staff	2 weeks
6-14-77	Course		

One of the problems encountered in attempting to provide training to these agencies was that of scheduling formal training sessions with the whole staff in a cost effective manner, e.g., minimizing staff travel. Since these agencies are service providers and mandated by state contract to provide service for a specified number of days per year, very little time could be found for training sessions. We attempted to get around this problem, at least in part, by supplying these centers with materials that could be

utilized by the in-house personnel for inservice training activities. This allowed the flexibility for short training sessions throughout the day e.g., children's nap time.

Another problem encounted was that of trying to transport a whole model of procedures etc, to an existing program that had already established procedures mandated by its own agency. We found a good bit of reluctance to change, for example, their record keeping system even though our model was more effective. From past experience, it would seem that Outreach efforts could be more productive if they work with new programs that are just starting up or if they assist new programs or services in getting started.

For these and other reasons we choose to spend a good deal of our efforts in initating home based services since none existed in our state. A majority of the counties in the Piedmont Region are rural, with a widely scattered population. Some young children within these counties have been identified as being in need of services; however, the numbers do not justify the establishment of developmental child care centers. Since the school system does not provide services to the multihandicapped child prior to age six, no other appropriate services are available. In looking for an alternative service system that could meet the needs of young handicapped children in a cost effective manner, it was decided that a home based program was a viable alternative.

The primary responsibility for the project was transferred to the Outreach team after they were employed. Outreach is assisted in its efforts by an interdisciplinary team comprised of professionals from other departments within the Piedmont Regional Center, Whitten Center. The team is composed of representatives from Occupational Therapy, Physical Therapy, Speech and Hearing, and Special Education.

It was decided that the method of operation would be:

1. A co-sponsoring agency is identified in the local communities. Examples of such agencies include Child Development Centers, Mental Retardation Boards, Associations for Retarded Citizens, etc. It will be the responsibility of that agency to provide funds for parent-trainer, travel monies, office space and to monitor the parent-trainers on a daily basis e.g., time off, office hours, etc.

2. Parent-trainers will be hired and located in the counties targeted for service delivery efforts.

3. Parent-trainers will receive two weeks of intensive training at the Piedmont Regional Center (Whitten Center) which will be conducted by the Early Childhood Education (E.C.E.) Outreach staff.

4. Referrals will be solicited from various community agencies, e.g., local hospitals, Department of Social Services, Department of Public Health, etc., and screened by the parent-trainers.

5. Program participants will come to the Piedmont Regional Center (Whitten Center) for an evaluation by an interdisciplinary team composed of an early childhood educator, a special educator, a social worker, a physical therapist, an occupational therapist, and a speech pathologist.

6. A staffing will be conducted with the parents by the interdisciplinary team. Information gained during this staffing will be used to develop an individualized program for each child and family.

7. The parent-trainers will visit each family on a weekly basis to assist the family in implementing the program and to provide emotional support for family members.

8. Parent peer groups will be formed in each county. Such groups will meet on a regular basis to participate in formal parenthood education sessions and to engage in activities designed to provide emotional support.

9. The E.C.E. Outreach staff will monitor the specific program activities of each child and family on a weekly basis via conferences with the parent trainer and by periodic on-site visits.

10. Children and families will be evaluated yearly to determine progress.

11. Referrals to other appropriate service agencies, e.g., Department of Mental Health, Department of Social Services, etc., will be initiated in response to problems encountered which are outside the scope of the proposed project.

Upon reaching age six or if, in the opinion of the interdisciplinary team and the family, the child is in need of a different type of service, e.g., developmental child care center, Head Start, or public kindergarten, an appropriate referral will be made. Follow-up servcices will be provided to such children and families in order to facilitate a smooth transition.

After the first year of operation, the project's effectiveness was evaluated. Criteria for the evaluation included child and family progress in meeting specified goals and the training objectives developed for the home visitor. Data gained from this evaluation indicated that Project Optimal was an effective model in serving the young multihandicapped child at a lower cost than other service delivering systems, e.g., the institution or developmental child care centers.

Dissemination Efforts

Aside from our training efforts and our work with Project Optimal, a great deal of time was spent in making presentations and giving information about the project itself.

The following is a partial listing of presentations made to various agencies:

DATE	LOCATION	#PARTICIPANTS	TARGET GROUPS
10-6-77	Greenwood Tech	15	Nursing Students
10-19-77	U.S.C.S	35	Sp. Ed. Grad Students
10-20-77	Greenwood Voc.	25	LPN Students
11-29-77	U.S.C.S.	30	E.C. Grad Students
1-22-78	Columbia S.C.	25	O.T.R.'s
2-22-78	U.S.C.S.	25	E.C. U.G. Students
3-11-78	Laurens, S.C.	30	Parents-ARC Meeting
6-24-78	U.S.C.S.	65	Sp. Ed. Grad Students
6-25-78	Oconee, S.C.	20	A.R.C. Meeting
6-26-78	Winthrop	16	Sp. Ed. Students

Some of the Outreach staff with various members of the Interdisciplinary team made formal presentations at two state wide symposiums and also to the National Association of Occupational Therapist. In addition to the presentations made at various locations, we had forty-five visitors, including students from local colleges and universities and professionals from other agencies.

II Accomplishments F.Y. 77-88

As mentioned earlier, due to some of the problems encountered during the first year, the staff re-focused their efforts in an attempt to broaden project impact, and to provide services where they could best be utilized. Four major goals were set in order to serve the needs of our region while meeting the major objectives of B.E.H., H.C.E.E.P. The goals formulated were:

A. To provide training and consultation for agencies, public and private, which serve young multihandicapped children.

B. To stimulate quality services and assist in the development of services systems for the young multihandicapped child.

C. To develop and disseminate educational materials that can be utilized in training parents, professionals, and para-professionals.

D. To disseminate information regarding methods and techniques developed during the demonstration phase to appropriate agencies within and outside of the state.

Goal A - Training:

During the second year of funding the outreach staff provided training in the following categories:

1. Infant and Child Development
2. Major Handicapping Conditions
3. Behavior Modification
4. Writing Behavioral Objectives
5. Testing Instruments for the Young Child
6. Teaching Methods
7. Curriculum Activities
8. Using Appropriate Materials and Equipment
9. Record Keeping Systems
10. Family Involvement Techniques
11. Speech and Language Development
12. Occupational Therapy for the Young Child
13. The Importance of Early Intervention
14. The Role and Responsibility of the Family and the Parent Trainer
15. Family Assessment Techniques

During this time period, 290 people to include parents, professionals, para-professionals and students, received training though project staff. This training was tailored to individual needs and ranged from a one session training period to a series of comprehensive workshops with follow-up services.

The project attempted to generate community support by presenting workshops developed to create a general awareness of the needs of the handicapped children and their families. Specified groups addressed include the following:

DATE	DISCRIPTION OF PARTICIPANTS	NUMBER	TIME INVOLVED
7-17-77	Special Education Students (Winthrop College)	16	Four hours
9-1-78	GLEEMS - Headstart (Abbeville, S. C.)	60	Three hours
10-6-77	Education Students (Presbyterian College)	16	One hour
10-20-78	Midlands Regional Staff (Columbia S.C.)	4	Two hours
10-30-78	Special Education Students (Clemson University)	25	Two hours
12-16-77	Cedar Spring School for Deaf and Blind Staff (Spartanburg, S.C.)	4	Two hours
1-16-78	Parents (Union County)	16	Two hours
2-18-78	Professional Groups (Winthrop College)	30	Two hours
4-15-78	Association for Retarded Citizens (Laurens County, S. C.)	20	One and a half hours
4-17-78	South Carolina Association for Children Under Six	30	One hour
4-18-78	Teachers (Whitten Center)	40	Two hours
4-18-78	Teachers (Whitten Center)	50	Two and half hours
6-4-78	Parents (Oconee County)	10	Two hours

Also, project staff has provided on-site training to the Anderson Center for Exceptional Children in the following areas: child assessment techniques, family assessment techniques and motor activities for young children. Ten (10) staff members received approximately eighteen (18) hours of training. The project staff also provided in-dept comprehensive training to seven (7) parent-trainers over the past year. (See Appendix for the training schedule).

During FY77-78, approximately 185 consultation contacts were made with representatives of various agencies. Consultative services addressed such topics as revising individual education plans of children, development of program schedules and grant review. These contacts ranged from periods of two hours to several days. Examples of such agencies include the Charles Lea Center, Oconee County Association for Retarded Citizens, G.L.E.A.M.S. Community Action Program, Anderson County Exceptional Children's Center, Cedar Springs School for the Deaf and Blind, Calhoun County Child Development Center, Human Development Center, (Winthrop College), Greenville School System, Carolina Community Actions, Headstart, Laurens County Association for Retarded Citizens, Crippled Children Associations, Midlands Regional Center, and the South Carolina Office of Child Development.

Goal B - Service Stimulation

As we discussed before, a majority of the counties in the Piedmont Region are rural with a widely scattered population. This makes cost factors for child development centers prohibited in many instances. Even in the larger, more metropolitian areas, many of the existing centers had waiting list for service. For these reasons, and considering the services we had demonstrated via the home-based program, in Union County we concentrated our service stimulation efforts on Project Optimal replication.

The second county targeted as a replication sight for Project Optimal was Oconee County, S. C., a small rural county within the Piedmont Region. The local Association for Retarded Citizens was interested in developing comprehensive services to meet the needs of all retarded citizens in their area within its boundary line. They had already demonstrated a committment to the handicapped by constructing an Adult Activity Center using local funds.

The Association plans, at some future date when resources are available, to construct a Child Development Center. Until this goal can be achieved, an alternate program for the young multihandicapped child was needed. It was felt that a home-based approach was a viable alternative for the community. In April, 1977, the Outreach coordinator and the community consultant for the County began meeting with various members of the local Association for Retarded Citizens to discuss replicating Project Optimal. After several meetings with the officers and a formal presentation to the group at large, the Association voted to replicate the Project and to use local funding in the amount of $10,000.00 for the first year.

Subsequently, a home visitor was hired and eight families targeted for services. Training of the home visitor began in September 1977, and continued into October. From October, 1977 to July 1978, twenty-two handicapped children and their families received service through this program. In March, 1978, the Charles Lea Center, a multi-faceted service center for the handicapped in Spartanburg, South Carolina, received a C.E.T.A. grant for an Infant Stimulation Program. Since the Center had no experience in serving infants, they requested assistance from the Outreach staff in program implementation, training, and monitoring.

In April, three parent trainers were hired and received two weeks of training from the Outreach staff at the Regional Center. The program is

identical to the ones in Union and Oconee County with the exception of the age of the children and the degree of handicapping conditions. The children are in the 0 to 2 age range. Many of these infants did not exhibit overt signs of handicaps but were considered at risk. Risk factors associated with this population included lack of pre-natal care, teenaged mothers, and prematurity.

Certain program modifications were accomplished with the existing training package to include topics devoted to basic child care, nutrition, and an added emphasis on normal child development (See Appendix for the revised training outline). Also, a peer group approach was taken, with the parents coming to the center on a weekly basis for training.

As of July, 1978, twenty-five infants had been identified and were receiving services. It is anticipated that a total of 30 to 34 can be served at any one time. If it is determined at a staffing, that includes parents, that the child is in need of a center-based program, a referral is made to the pre-school program at Charles Lea. The parent-trainer works with the center staff to insure a smooth transition.

Other existing programs selected to replicate only portions of the model. The Anderson Developmental Center is utilizing the family assessment techniques and the Curriculum. Midlands Regional Center, which serves a 10 county area, recently hired a parent-trainer to provide a home based program to families in that region. That agency also is using curriculum, family assessment, and other training materials developed by the outreach project.

Project staff has worked very closely with the Leslie C. Meyer Center for Handicapped Children in Greenville, South Carolina, to assist in establishing a home based program in conjunction with their existing center. A contract was

negotiated between the Outreach staff and staff at the Center to provide training and monitoring of the proposed program. Project staff also assisted in a grant proposal;to obtain C.E.T.A. monies. This joint effort was successful, however, following internal agency reorganization, the board of directors decided not to accept funds to establish any new programs at that present time.

The Laurens County Mental Retardation Board has identified 15 handicapped pre-schoolers who are in need of service. At their request, the Outreach project director meet with them on two occasions to discuss types of service programs and ways to fund and implement them. The priorities set up the board for F.Y. 77-78 was to expand the number of clients serviced in the existing Adult Activity Center. However, funds were found to employ a parent-trainer, on a part-time basis to replicate the home based model. The Lauren County parent-trainer is presently serving three (3) families.

Goal C - Material Development

During our second year of funding, we spent a great deal of time either revising our materials or developing new one. This was primarly due to the fact that there was not much material available that was geared toward our target population, e.g., parents and para-professionals.

The following audio-visual materials and printed matter were developed during FY 77-78:

1. Booklets
   "Step by Step". A series of six dealing with child development
   "Piedmont Regional Curriculum" - three books, revised and illustrated
   "Putting the Pieces Together", a good home environment
   Training manual - (procedures)
   Family Assessment Techniques
   "Shapes and Things" - to teach pre-schoolers shapes
   "Structuring the Environment as an Intervention Technique"

2. Video Cassettes on:
   Assessment Techniques
   Behavior Modification
   Procedures for a Home Visit
   Over-View of Child Development
   The Role and Responsibility of the Family and The Home Visitor

Family Assessment Techniques
The Importance of Structuring the Environment

The materials developed are targeted for two groups, parents and professionals.

Booklets designed for parents include:

1. Putting the Pieces Together, a good home environment. This is a simple, illustrated booklet based on Dr. Betty Caldwell home environment scale. If the booklet is taken apart and overheads made of the separate pages, it is very useful for a peer group discussion.

2. Step by Step Series. This consist of six illustrated booklets which describes major milestones of development in children 0 to 6 years.

3. Shapes and Things. An illustrated booklet which is to be used by parents in teaching their children the concepts of circle, square and triangle.

The Videos developed especially for parents include:

1. A behavior modification video which is designed for us in conjunction with lectures, overheads, and group discussion.

2. A child development video which is an one hour tape designed to give an overview of normal development. Additional tapes include three twenty minute tapes of infants at age 6 months, 12 months and two years.

In training professional and para-professionals, many of the same materials are utilized. Such materials are supplemented with training geared to individual specific needs.

The family assessment package was updated and revised in an attempt to provide more in-depth analysis of family dynamics. It has been found that in providing comprehensive services to the young child it is important that the needs of the total family by assessed in order to maximize progress. For that reason, "Patterns of Infant Behavior", and "Patterns of Family Behavior" (See Appendix through) were developed, in order that a more accurate picture of the daily routine and life style of the family and child could be seen. These instruments have been most helpful in pinpointing problem areas so that appropriate intervention techniques can be developed. New materials are developed in an ongoing manner in response to identified needs. For example a package consisting of video tapes and an instructional booklet is being developed

in reponse to the need for training in occupational therapy techniques.

Goal D - Dissemination of Information/Material

The following procedures have been developed and implemented:

1. Newspaper articles
2. Formal presentations
3. Mailing list
4. Personal contact (onsite visits)

During this reporting period, five articles were published concerning the program in Oconee and Spartanburg Counties. Two articles have appeared in the Seneca Journal and one was reprinted in the Forum, a publication of South Carolina Department of Mental Retardation. Two articles have appeared about the infant program, one in the Forum and one in the Spartanburg Herald-Journal.

Three formal presentations have been made during this reporting period. In February, 1978, the Outreach staff presented, "Project Optimal, A Home Based Approach", at the Early Childhood Symposium in Rock Hill, South Carolina. In March, 1978, two members of the Outreach staff and one of the parent-trainers presented "Parents as Teachers of their Handicapped Children" at the State Council for Exceptional Children in Charleston, South Carolina. "The Home Based Approach" was presented in May to the South Carolina Association of Children Under Six.

A mailing list composed of vendors in the Piedmont Region and, other B.E.H. projects, university faculty and professionals is maintained. As new materials are developed they are distributed to these interested individuals. On-site visits to the project by professionals students, administrators, and interested persons is encouraged. Last year, 33 people visited the project and received oral and written information regarding the services offered. Included among these were Special Education Coordinators from the Public School, students from colleges and universities, staff from Child Development Centers, and

administratiors from other state agencies. Fewer on-site visits were accomplished during this reporting period. This can be explained in part by an administrative change in the agency. The demonstration project, now state funded, was moved to the Educational Services Department, and is Administrated by the Webb School Program.

Information and/or materials, as they were developed were sent to over 100 institutions or individuals at no cost. Based on the returned data, at least 300 people either have or are using materials developed by the project. In response to the usefulness of the materials, 75% rated the instructional materials as very useful and the informational materials as useful. The primary targets for the training materials are parents and students.

Major Highlights FY 77-78

Some of the major highlights from last year which have the potential to produce long-term benefits include:

1. The Oconee County program began last October and local monies were used to fund the program with the Outreach staff providing supervision. During the Spring, negotiations were begun with Regional Services and the Oconee program was the first home-based program in the state to receive funding from the Departments Title XX allocations. This should set a precedent for other counties desiring a home-based program.

2. Work begun during the demonstration period came to fruition with the publication this year of the Piedmont Regional Curriculum. Although it is being distributed on a limited basis at this time, indications are that it will fill a gap in providing a guide to others working with young multihandicapped children.

3. Since the home-based program at the Charles Lea Center deals with the younger age range (0-2), it was necessary to modify the approach somewhat and to develop new materials. One of the new materials developed, "Patterns of Behavior", is an assessment instrument using an interview method that adds an extra dimension when planning programming for infants.

4. There are indications the project has imparted favorably on the attitudes held by members of the medical profession. Heretofore, there has been a reluctance to refer young children to special programs. For example, Ann Arrington, parent trainer from Oconee County, received the following note from a nurse from the Health Department.

"This was not the child I had in mind when you called, however, as you can see he has had marked developmental delay. We very much appreciate your interest in this child. My only regret is that we did not refer him when your service first began. Our project pediatician, Dr. O. M. Burton, feels your program is very worthwhile and wishes us to refer all developmentally delayed children who qualify for your program.

We would very much appreciate a follow-up report of your findings. If we can be of assistance in any way please let us know".

In Spartanburg County a reluctance was found on the part of physicians to refer infants unless there was an obvious dignosis of a handicap. After many discussions on the importance of early intervention, the chief Neonatalogist at Spartanburg General Hospital has now instructed the Social Worker to screen all premature infants of high risk mothers for referral to the Infant Stimulation Program.

OVERVIEW OF ACCOMPLISHMENTS
F.Y.77-78

I. New Replication Sites 4

II. Services Stimulation Contacts 25

III. Training
- A. On project components: 290
- B. On Awareness: 250
- C. Consultation Contacts 185

IV. Dissemination Efforts
- A. Newspaper Articles 5
- B. Formal Presentations 7
- C. Request for Information/Materials 230
- D. Materials Distributed to Agencies/Individuals 250
- E. Vistors To The Project 35

V. Materials Developed
- A. Booklets 13
- B. Videos 7
- C. Forms/Instruments 12

Accomplishment F.Y. 78-79

The four major goals from the previous year were carried over for our third and final year of Outreach funding. One additional goal was added (D) to work toward the development of a permanent service delivery system for young handicapped children to be continued after July 1979.

Goal A. To provide training and consultation for agencies, public and private which serve young handicapped children.

By the end of the 78-79 fiscial year 222 consultation contacts had been provided to agencies as well as individuals. The types of contact varied from request for assistance on funding sources to request for assistance in individual children. A majority of these contacts are with agencies within the State, but we have participated in special projects outside the state. Just recently we assisted a B.E.H. project at the University of Mississippi in obtaining relative data for the validation process for projects serving severely profoundly retarded.

It is estimated that approximately 150 parents, siblings, and/or extended family members have received individualized and group training sessions during the past 12 months. The primary approach of training has been through the weekly contacts and home visits made by the parent trainers. However, occasional home visits have been made jointly with Outreach staff and parent trainers in problem cases. Training has, also, been offered through the parent meetings held in the local communities.

Project staff visited the Belton Developmental Center for Exceptional Children observed programming and noted problem areas. Following this visit, a meeting was held with the Center director and a detailed needs assessment was completed. The Center director chose to attend 2½ days of training offered by the project staff and brough 2 staff members with her.

They received approximately (15) fifteen hours of training. The project staff also provided in-depth comprehensive training to three (3) parent trainers and a community program director in October 78 for a period of 10 days - (2 weeks).

From September 26 through December 12, 1978, the E.C.E.-Outreach Staff worked with a practicum student from Presbyterian College, Clinton, S. C. The student spent two hours weekly working with adminstrative aspects in Early Childhood for handicapped children. The specific areas touched upon were: curriculum development, training material development, evaluating, and program development for pre-school handicapped children.

Even through the student did not work directly with children, she was exposed to the components that are necessary for working with children effectively.

The experience of having a practicum student was rewarding for everyone involved. Therefore, we are planning to continue providing practicum opportunities for students each semester.

Goal B - To stimulate quality services and assist in the development of service systems for the young multihandicapped child.

Since our decision, based on a needs assessment of the service systems available in this state, was to concentrate on home-based programs; we continued to work with the Optimal Project in Oconee. As of July 1, 1978 17 children were actively enrolled in the program.

The funding source was considered fairly stable and we continued to meet with other counties to discuss replication possiblities.

In March, 1978, the Charles Lea Center, a multi-faceted service center for the handicapped in Spartanburg, South Carolina, received a C.E.T.A. grant

for an Infant Stimulation Program. Since the Center had no experience in serving infants, they requested assistance from the Outreach staff in program implementation, training and monitoring.

In April, three parent trainers were hired and received two weeks of training from the Outreach staff at the Regional Center. The program is identical to the ones in Union and Oconee County with the exception of the age of the children and the degree of handicapping conditions. The children are in the 0 to 2 age range. Many of these infants did not exhibit signs of handicaps but were considered at risk. Risk factors associated with this population included lack of pre natal care, teenaged mothers and prematurity.

Experience and research both suggest that the most productive approach to the development of service programs for developmentally disabled and at risk children involves early and ongoing support for the family as well as early identification, screening, assessment and educational training for the child. It is becoming increasingly recognized that not only are developmentally disabled and at risk children unusually vulnerable but the families of such young children are too often themselves at risk. Although individual child and family needs can be treated separately, when they are dealt with at the same time the results appear to be more than a summation of the efforts of the two components - education for the child and support services for the family. Certain program modifications were accomplished with the existing training packageto include topics devoted to basic child care, nutrition and an added emphasis on normal child development to meet the needs of the parents of high risk infants.

Also, a peer group approach was taken, with the parents coming to the center on a weekly basis for training.

Two workshops have been held for young mothers of high-risk infants. Mothers and their babies were brought into the center in Spartanbrug for individualized training on topics i.e.,early childhood development and the importance of environment in the growth of the infant.

As of July 1979,over (50) fifty infants have received services through the Charles Lea Infant Stimulation Program. Twenty-four (24) infants are actively enrolled at present, othershave been referred to alternate programs, i.e., the Charles Lea Preschool.

Project staff has worked very closely with the Leslie C. Meyer Center for Handicapped Children in Greenville, South Carolina, to assist in establishing a home-based program in conjunction with their existing center. A contract was negotiated between the Outreach staff and staff at the Center to provide training for staff of the proposed program. Project staff also asssisted in a grant proposal to obtain C.E.T.A. monies. This joint effort was suffcessful and a two week training program was given in Octover 1978. Two parent trainers, as well as, the Director of the Leslie C. Meyer Center for the Handicapped, received the complete E.C.E.-Outreach home-base program training. They were given numerous handouts, booklets and resources to keep as a part of their training. Although E.C.E.Outreach does not have a supervisory role with this program, we will occassionally provide consultation as needed. This program, should however, be considered a replication site.

During July Project staff began discussing grant possibilities with technical advisors from the South Carolina Appalachian Regional Commission, Devision of Child Development. This agency services the following six counties in the Piedmont Region: Anderson, Oconee, Pickens, Greenville, Spartanburg, and Cherokee. Plans were to submit a grant which would fund eight parent trainers for these counties to provide services to approximately

100 children and families. If funded, the Outreach staff would provide the training and monitoring for their programs.

As of December 1978, Project staff received notice that the South Carolina Appalachian Regional Commission had approved the proposal submitted for home-base program in six counties in the Piedmont Region. The proposal, called Project Optimal will replicate completely the original pilot project and the Outreach staff is responsible for the implementation. For the last six months of 78-79, the Outreach staff spent most of their time preparing for program expansion. Careful planning was necessary since this was the first time that a regional grant of this nature had been attempted

Steps undertaken included first:

1. Contact with each county's mental retardation board to inform them of the grant.
2. Setting up internal procedures to initate a cash flow
3. Formation of an Early Childhood Consortium
4. Issuing a call for proposal to consortium members
5. Negociating budgets with consortium members
6. Approving sub-grants with the members
7. Preparation for training

Although the A.R.C. grant will provide service to 100 at one time, it is anticipated that at least 150 families will receive some service during the first year.

While we were working on the Appalachian grant, we were also meeting with various officals and agencies personnel in Greenwood County. Several young children had been identified as in need of service, but no program was available. After several presentations to the mental retardation board, they decided to fund a parent-trainer part-time effective July, 1979.

From a pilot program in 1976 that began serving 8 eight childre and families in one county the Optimal project has expanded and by July 1979 will be able to offer service to over 120 families in eight counties.

This has happened primarly due to the efforts of the Outreach staff.

In addition to plans for the Appalachian Region of South Carolina, the E.C.E. Outreach is working with SCDMR to formulate a state-wide plan for home-base programs. This effort will be focused toward coordination with Department of Social Services and Title XX funds. Outreach is serving as the primary resource for developing and submitting this state proposal.

The possibilities are limitless if such a state-wide program were implemented in South Carolina. If so, the future of early intervention efforts with young multi-handicapped and developmentally delayed children looks very hopeful.

Goal C - Material Development

Since July 1978, the focus of the E.C.E. Outreach team has been to utilize training materials previously developed and revise the content and/or approach as needed for individual specific needs. However, an overall gap was found in the area of Basic Occupational Therapy Activities for young children and an attempt has been made to gather information in this area.

1. Audio-visual cassettes were prepared by an OTR on: "Positioning and Feeding"; "Adaptive Equipment"; "Activities of Daily Living"; "Play Activities" for general use and training

2. A video cassette and booklet was developed by an OTR on: "Range of Motion" to be used only with parent trainers under the supervision of another OTR

3. In addition, an illustrated booklet is close to completion on "Motor Activities for Young Children". This booklet is to be used by Professionals, para-professionals and parents

A major portion of staff research and development has been spent on the Activities portion of the Piedmont Regional Curriculum. The activities section has been completely revised for easier use by parents and para-professionals and utilizies a booklet form as opposed to a card index.

The training program for Teenage Mothers also underwent some revision. Initially, the E.C.E.Outreach staff used a lot of packaged materials and audio-visuals to present topics i.e., "Parent Magazines" filmstrips on Child Development, Child Care, Environmental Stimulation. We found, however, that this approach was too formal and did not meet and keep the interest level of this group. So, we are presently developing a less structured and more personalized approach to increase our efforts with this somewhat difficult-to reach population. We are attemping to present the same basic information using informal group settings and utilizing audio-visual material that can be more readily identified with by this target population.

Goal D - Dissemination of Information/Materials

The following procedures have been developed and implemented:

1. Newspaper articles
2. Formal Presentations
3. Mailing list
4. Personal contact (onsite visits)
5. Participation in National and Regional Surverys

During this FY 78-79, four articles have been published concerning work done by E.C.E. Outreach and one concerning the home-base program in Oconee County. Four articles have appeared in the Piedmont Regional Report of Mental Retardation.

E.C.E. Outreach has participated in five (5) national and/or regional surveys. Sponsors of these surveys were:

1. National Association of Retarded Citizens: requested information for a directory of services and programs for young multi-handicapped children.
2. Bareau of Education for the Handicapped - Early Childhood Institute-Chapel Hill: Requested information on Assessment Techniques and Curriculum.
3. University of Illinois at Chicago: requested information on Assessment Techniques and Curriculum.
4. University of Missouri: Information on Teacher trainers
5. University of Mississippi: Information on Validation procedures

Eight formal presentations have been made in the past 6 months. All presentations were basically titled "Introduction to Project Optimal - A Home-Base Early Childhood Education Program".

DATE	GROUP	#PARTICIPANTS
8/78	Teacher Inservice-Hallett School	80
9/78	Parent Meeting Charles Lea Center	9
10/78	Community Awareness-Spartanburg Tec.	30
10/78	USC-S Parent Involvement Class	11
10/78	Innovations Day - Piedmont Tec.	80
11/78	USC-S Administration Class	25
5/79	Early Childhood Symposium	50

A mailing list composed of vendors in the Piedmont Region and other B.E.H. projects, university faculty and professionals is maintained. As new materials are developed they are distributed to these interested individuals. On-site visits to the project by professionals, students, administrators, and interested persons is encouraged. We received request for materials/and or information from 250 agencies or individuals. In the past year, 71 people visited the project and received oral and written information regarding the services offered. Included among these were Special Education Coordinators from the Public School, students from colleges and universities, staff from child Development Centers, and administrators from other state agencies.

Goal D - To stimulate quality services and to work toward the development of permanent services system for young multihandicapped children.

The Appalachain grant award will provide assistance in stabilizing the current programs. The data collected should provide sufficent evidence as to program as well as cost effectiveness. Efforts will be continued to have the home-based program incorported into State plan for Title XX funds.

OVERVIEW OF ACCOMPLISHMENTS

F.Y. 78-79

I. New Replication Sites - 5 - Anderson County, Cherokee County, Greenville County, Pickens County.

II. Services Stimulation Contacts - 85

III. Training
- A. On Project Components - 310 hours
- B. On Awareness - 347 contacts
- C. Consultation Contacts - 222

IV. Dissemination Efforts
- A. Newspaper Articles - 4 (Piedmont Regional Report, Forum)
- B. Formal Presentations - 7
- C. Request for Information/Materials - 250
- D. Materials Distributed to Agencies/Individuals - 200
- E. Visitors To The Project -71
- F. Practicum Student - 1

V. Material Developed
- A. Booklets (½ completed)
- B. Videos 2 (Play Activities - and Activities for Daily Living)
- C. Forms/Instruments - 5

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CATEGORY I: ATTITUDES

COMPONENT:	DELIVERY STRATEGY :	TIME FRAME :
I. Sensitivity Training :	Pre-Test "Love Scale"	2 hours
A. Being Handicapped	Role Play (small group)	
B. A Parent of a Handicapped Child	Role Play	
II. Cost Factor Related to Mental Retardation:	Lecture - Overheads Film "Try Another Way"	2 hours
III. Effects of Mainstreaming on the Normal Child and On The Handicapped Child:	Video Lecture with Handout	2 hours

CATEGORY II: CHILD DEVELOPMENT

COMPONENT:	DELIVERY STRATEGY:	TIME FRAME:
I. Importance of Early Intervention: A. History B. Theories C. Research	Slide Tape Presentation Hand Out Overhead Transparencies	1 hour
II. Physical Well-Being of the Child: A. Prenatal Care B. Infant & Health Care C. Physical Environment of Infant & Young Child 1. centerbased program 2. home environment D. Nutrition 1. infant nutrition 2. young child nutrition 3. proper or improper, pre & post natal nutrition 4. sort foods and plan menus (of mother, infant & young child)	Pre-Questionaire Filmstrip Discussion & Handout Overhead Transparencies Slide-Tape Presentation Discussion & Mini Workshop Post-Questionaire	2 hours
III. Mental & Physical Development of Infant and Young Child: A. Psychomotor 1. Gross 2. Fine B. Cognitive 1. Language 2. Perception C. Affective 1. Social 2. Speech and Hearing	Pre-Questionaire Slide Tape Discussion Handout	2 hours

CATEGORY III: MAJOR HANDICAPPING CONDITIONS

COMPONENT:	DELIVERY STRATEGY:	TIME FRAME:
I. Overview of Major Conditions: A. Causes B. Characteristics C. Prevalence D. Possible Prevention	Handouts and Slides Discussion	2 hours
II. Available Programs: A. Infant Stimulation B. Developmental Child Care C. Activity Centers D. Sheltered Workshop E. Public School Program	Handout Slides	30 minutes

CATEGORY IV: ASSESSMENT

COMPONENT:	DELIVERY STRATEGY:	TIME FRAME:
I. Definition of Assessment: A. Types of Assessment	Discussion	30 min.
II. Methods: A. Standardized Test Used by ECE 1. Bayley Scales of Infant Development a. mental b. motor 2. REEL a. expressive b. receptive 3. Vineland Social Maturity Scale	Video with Interview and Voice Overlay Lecture Practical Experience	3 hours
B. Other Standardized Tests Available: 1. P.A.R. 2. Alpers-Boll Developmental Profile 3. Peabody Picture Vocabulary 4. Developmental Test of Visual Motor Integration 5. Denver Developmental Screening 6. Slossen 7. McCarthy	Slides Discussion Handouts Abstracts	
C. Non-Standardized Assessment: 1. Definition of a Checklist 2. Purpose of Checklist 3. Checklists	Slides Overhead Lecture Handout	
D. Video as an Assessment Technique: 1. Purpose 2. Demonstration 3. What Progress Was Noted	Lecture Video of One Child Practical Experience	1 hour
E. Interdisciplinary Staffing: 1. Assessment From Other Disciplinaries	Video Discussion	1 hour

CATEGORY IV: ASSESSMENT

COMPONENT:	DELIVERY STRATEGY:	TIME FRAME:
I. Definition of Assessment: A. Types of Assessment	Discussion	30 min.
II. Methods: A. Standardized Test Used by ECE 1. Bayley Scales of Infant Development a. mental b. motor 2. REEL a. expressive b. receptive 3. Vineland Social Maturity Scale	Video with Interview and Voice Overlay Lecture Practical Experience	3 hours
B. Other Standardized Tests Available: 1. P.A.R. 2. Alpers-Boll Developmental Profile 3. Peabody Picture Vocabulary 4. Developmental Test of Visual Motor Integration 5. Denver Developmental Screening 6. Slossen 7. McCarthy	Slides Discussion Handouts Abstracts	
C. Non-Standardized Assessment: 1. Definition of a Checklist 2. Purpose of Checklist 3. Checklists	Slides Overhead Lecture Handout	
D. Video as an Assessment Technique: 1. Purpose 2. Demonstration 3. What Progress Was Noted	Lecture Video of One Child Practical Experience	1 hour
E. Interdisciplinary Staffing: 1. Assessment From Other Disciplinaries	Video Discussion	1 hour

CATEGORY V: WRITING BEHAVIORAL OBJECTIVES

COMPONENT:	DELIVERY STRATEGY:	TIME FRAME:
I. Definition & Purpose of Behavioral Objectives:	Overhead	30 minutes
II. Principles of Writing Individual Objectives: A. How to Observe Behavior B. Correct Terminology C. Success Criteria	Overhead Handouts Discussion	1 hour, 30 min.
III. How to Write a Lesson Plan:	Blackboard (overhead) Handout-Discussion	30 minutes
IV. Classroom Planning For Small Groups:	Overhead Handout-Discussion	30 minutes
V. How to Write a Total Program For One Child	Overhead Handout-Discussion	30 minutes

CATEGORY VI: METHODS OF INSTRUCTION

COMPONENTS:	DELIVERY STRATEGY:	TIME FRAME:
I. Behavior Modification A. Definition of Behavior Modification 1. Examples in Everyday Living B. Principles of Behavior Modification 1. Reinforcer 2. Types of Reinforcers a. primary b. social c. token d. activity C. Shaping Behavior 1. Steps 2. Backward Shaping D. Consistency E. Basal-Baseline-Post-Basal 1. Frequency-Counting 2. Increase 3. Decrease-Extinguish F. Behavior Management 1. Steps in Setting Up Program G. Time Out H. Prompting I. Cues 1. Visual 2. Verbal 3. Fading	Prequestionaire Film - Who Did What to Whom Overhead Transparencies (A) Genesis Film Discussion Roleplaying Post-Test	4 hours

CATEGORY VI: METHODS OF INSTRUCTION

COMPONENTS:	DELIVERY STRATEGY:	TIME FRAME:
II. Procedures For Instructions:	Pre-questionaire	2 hours
A. Identify Appropriate Behavioral Objectives	Overhead	
B. Analyzing Specific Tasks	Handout-Practical exercise	
1. Identify Prerequisite Behavior	Presentation With Overhead Transparencies	
2. Identify Behavior Which Demonstrates Attainment of Conception	On Breakdown of Tasks Post-questionaire	
3. Identify Sub-Behavior Necessary to Teach		
4. Development Planned Sequence of Experiences		
5. Providing Variety of Experiences and Materials		
6. Evaluation of Teaching Process		

CATEGORY VI: METHODS OF INSTRUCTION

COMPONENT:	DELIVERY STRATEGY:	TIME FRAME:
III. Structuring For Success:	Discussion	1 hour
A. Rationale	Video - The Magic Hat	
B. How to Structure	Slide	
1. The Classroom	Discussion	
2. The Material		
3. The Lesson Plan		
C. Principles For Teaching	Video	1 hour
1. Isolating Concept	Role-Playing	
2. Sequencing Task	Discussion	
3. Positive Reinforcement		
4. Time Factors		
5. Maintaining Attention		
6. Teacher Accountability		
D. Special Techniques	Video and	1 hour
1. Modeling	Critique	
2. Prompting		
3. Cues		

CATEGORY VI: METHODS OF INSTRUCTION

COMPONENT:	DELIVERY STRATEGY:	TIME FRAME:
IV. Sensori-motor Techniques:		
A. Introduction	Discussion	30 minutes
B. Definition of Sense Modalities	Overhead	30 minutes
1. Olfactory	Slides	
2. Gustatory	Discussion	
3. Tactile		
4. Vistibular		
5. Kinesthetic		
6. Auditory		
7. Visual		
C. Procedures For Stimulating Using Different Modes of Perception	Slides	1 hour, 30 minutes
1. Adapting the Environment	Discussion	
2. Teacher-Child Interaction	Handout	
3. Integration Techniques		
a. body awareness		
b. movement in space		
c. eye-hand coordination		
d. vistibular integration		

CATEGORY VII: RECORD KEEPING

COMPONENT:	DELIVERY STRATEGY:	TIME FRAME:
I. Importance of Records A. Accountability B. Staff Reinforcement C. Departmental Requirements	Lecture	30 minutes
II. Types of Record	Lecture Handout	30 minutes
III. Model Projects System A. Daily Graphs B. Monthly Graphs C. Progress Reports	Overhead/Lecture Handout Practical Exercise	2 hours

CATEGORY VIII: MATERIALS / EQUIPMENT

COMPONENTS:	DELIVERY STRATEGY:	TIME FRAME:
I. Gross Motor Equipment A. Outdoor / Playground B. Indoor / Outdoor Portable C. Indoor	Video / Slides	30 minutes
II. Fine Motor	Discussion / Slides	30 minutes
III. Socialization Materials	Slides / Discussion Handouts	30 minutes
IV. Self-Help Materials	Slides / Discussion Handouts	30 minutes
V. Cognitive Materials A. Sensori-motor B. Language C. Concept Development	Video / Discussion Handouts	1 hour
VI. Teacher Made Materials	Slides, Demonstration Practical Experience Handouts	1 hour
VII. Adapted Equipment	Slides / Discussion	1 hour

CATEGORY IX: SPEECH AND LANGUAGE DEVELOPMENT

COMPONENT:	DELIVERY STRATEGY:	TIME FRAME:
I. Speech and Language Development in the Normal Child:	Film Strip-Audio Practical Exercise	2 hours
II. Assessments Instruments for Language Development:	Lecture Practical Exercise	1 hour, 30 minutes
III. Remediation Techniques for Language Deficits: A. Stimulation Techniques B. Communication Techniques C. Adaptive Devices D. Packaged Materials	Lecture Demonstration	2 hours

CATEGORY X: OCCUPATIONAL THERAPY FOR THE YOUNG CHILD

COMPONENT:	DELIVERY STRATEGY:	TIME FRAME:
I. The Role of the Occupational Therapist in an Early Childhood Program:	Discussion Slide/Tape	30 minutes
II. Normal Developmental Sequences of Motor Activity:	Handout Discussion	3 hours
III. Assessment Techniques: A. Reflex Testing B. Self-Help Skills C. Range of Motion D. Sensory Integration	Slide/Video Demonstration	2 hours
IV. Therapeutic Techniques: A. Optimal Positioning For The Physically Involved Child B. Feeding Techniques For The Neuro-Muscular Involved Child C. Dressing Skills D. Range of Motion Exercises E. Sensory Stimulation	Video Slide Discussion	3 hours
V. Normal Motor Activities As Therapy:	Discussion	1 hour

CATEGORY XI: FAMILY INVOLVEMENT (HOME-BASED PROGRAM)

COMPONENT:	DELIVERY STRATEGY:	TIME FRAME:
I. Introduction: A. Assumptions Re: Family Involvement B. Assumptions Re: Profile of Home-Based Visitor C. Assumptions Re: An Optimal Home Environment	Overhead Transparencies With Matching Handouts on Each Sub-Title	25 minutes
II. Program - Project Information: A. Population Served B. Evaluations, Programs of Clients C. Evolution of Individual Programming D. Costs, Assistance Available E. Family Involvement - Contingency Agreement	Overview of Home-Based Program Slide/Tape of Optimal Handout of Sample Contingency Agreement - Explanation - Discussion of Alternative Agreements	30 minutes
III. Assessment: A. Formal 1. Love Parent Attitude Scale 2. Family Questionaire 3. Home Environment 4. Family Profile 5. Financial, Other Agency Involvement	Explanation - Handout - Practical Exercises With Various Assessment Techniques; Sample Case Study of Two Families for Example.	5 hours
B. Informal 1. Home Visits 2. Social Summaries 3. Individual Group Conferences With Family Members	Description of Home Visit-Role Play-Two Families (as above) Writing Up The Home Visit, Hand-Outs Role Play Two Families (Each With Specific Problem)	
C. Individual Family Plan 1. Checklist 2. Individual Family Plan for Optimum Involvement	Sample Checklist Sample Family Plan For Two Families Discussion of Developing Plan, Rationale For Family Plan	

CATEGORY XI: FAMILY INVOLVEMENT (HOME-BASED PROGRAM)

COMPONENT:	DELIVERY STRATEGY:	TIME FRAME:
IV. Support: A. Technical 1. Home Programming by Home-Base Visitor 2. Workshops 3. Interdisciplinary Staffings 4. Library of Materials & Equipment 5. Booklet of Community/State Resources	Slides of Home-Base Visitor Working With Client, Staffings, Evaluations. Handouts on Workshop Topics, Programs for Family Involvement.	45 minutes
B. Emotional 1. Reinforcement & Model of Home-Based Visitor 2. Friendship & Counsel of Home-Based Visitor 3. Family Program Meetings, Parties 4. Family Contributions to Program 5. Special Emphasis on Siblings	Overhead Transparencies - Sample Family Problem - Discussion of Roles of Home Visitor - Slide Show - Handouts	1 hour, 30 minutes
V. Teach: A. Family Members Observe Home Visitor (vice-versa) B. Family Members Observe Other Families C. Staff Demonstrates Appropriate Activities D. Project Sharing Books & Articles on Appropriate Activities E. Training in Observational & Recording Skills for Families F. Viewing and Discussing Video Tapes of Staff & Client, Home Visitor & Client, Family & Client	Slide Show - Handout of Methods- "Procedure For a Successful Home Visit". Visit Tapes	1 hour

CATEGORY XI: FAMILY INVOLVEMENT (HOME-BASED PROGRAM)

COMPONENT:	DELIVERY STRATEGY:	TIME FRAME:
VI. Expansion A. Novel Family Experiences (when applicable) i.e. Shopping Trips, Vacations. B. Membership in Project Family Programs, ARC, Other Agency Programs. C. Leadership in Shaping Policy and Direction of Project. D. Parent to Parent Visitation E. Involvement in Public School Programming For Their Child & Other Handicapped Clients. F. Assistance in Fund Raising, Program Support G. Public Relations For Program H. Participate in Videos, Slides, Interviews to Support Program I. Publicity For Program, Media	Overhead Transparencies, Handouts Use Sample Families For Discussion Purposes.	45 minutes
VII. Maintenance A. All Stages Are Ongoing - Must Be Constantly Expanded B. Periodic Evaluations of Child by Inter-disciplinary Team. C. Movement Into Public Schools, Other Community Programs as Feasible. D. Follow-up Services.	Discussion - Small Groups- Presenting Ideas For Community Maintenance.	30 minutes
VIII. Evaluation A. of Client B. of Family C. of Home-Visitor D. of Program	Handouts - Forms for Evaluation - Discussion of Check & Balance of Areas Upon Each Other - Use Sample Families For Better Description - Take Through Evaluation Process	20 minutes each section

CATEGORY XII: MOTIVATION SYSTEMS

COMPONENT:	DELIVERY STRATEGY:	TIME FRAME:
I. Techniques to Increase Staff Motivation: A. Staff Meeting B. Micro-Teaching C. Newsletters D. Staff As Advocates E. In Service Training	Discussion and Role Playing	2 hours
II. Systems to Increase Staff Motivation: A. Reinforcement Principles	Lecture Discussion	2 hours

CATEGORY XIII: TEACHER EVALUATION

COMPONENT:	DELIVERY STRATEGY:	TIME FRAME:
I. The Role of the Teacher:	Discussion	30 minutes
II. Methods To Evaluate Teacher Effectiveness: A. Self Evaluation B. Other Evaluations C. Video As An Evaluative Tool	Handouts Discussion Video Practical Exercise	2 hours

CATEGORY XIV: PROGRAM EVALUATION

COMPONENT:	DELIVERY STRATEGY:	TIME FRAME:
I. Types of Evaluation: A. Process Evaluation B. Product Evaluation	Lecture-Overheads-Discussion	1 hour
II. Targets of Evaluation A. Program Children B. Families C. Decision Makers	Lectures-Overheads-Discussion	1 hour
III. Techniques For Process/Product Evaluation A. Standardized Instruments 1. Program Children 2. Families B. Non-Standardized Techniques 1. Program Children 2. Families 3. Decision Makers	Lecture-Overheads-Discussion-Handouts-Practical Exercise	2 hours
IV. Third Party Evaluation:	Lecture-Discussion	1 hour

TRAINING NEED ASSESSMENT

The Early Childhood Education Outreach Team is currently developing a training program in the areas listed below. We are very much interested in your opinion as to whether this training would be of benefit to you.

Please indicate by placing a check mark in the appropriate box if you would like to receive training in the following. Also please indicate if you have ever received any training in the areas.

AREA:	WOULD LIKE TRAINING	HAVE HAD SOME TRAINING
1. Infant and Child Development	__Yes __No	__Yes __No
2. Major Handicapping Conditions	__Yes __No	__Yes __No
3. Behavior Modification	__Yes __No	__Yes __No
4. Writing Behavioral Objectives	__Yes __No	__Yes __No
5. Testing Instruments for the Young Child	__Yes __No	__Yes __No
6. Teaching Methods	__Yes __No	__Yes __No
7. Curriculum Activities	__Yes __No	__Yes __No
8. Using Appropriate Materials and Equipment	__Yes __No	__Yes __No
9. Record Keeping Systems	__Yes __No	__Yes __No
10. Family Involvement Techniques	__Yes __No	__Yes __No
11. Speech and Language Development	__Yes __No	__Yes __No
12. Occupational Therapy for the Young Child	__Yes __No	__Yes __No

Please list any other training needs that you might have: _____

_____

_____

NAME: _____

POSITION: _____

CENTER: _____

The Early Childhood Education Outreach Team is currently developing a series of workshops for high risk infants and their families. These workshops are listed below. We are very much interested in your opinion as to whether these workshops would be helpful to you.

Please indicate by placing a check mark in the appropriate box if you feel you need more information in the following areas:

Area:	Help Needed Yes	No
1. Child Development		
2. Nutrition		
3. Handicapping Conditions		
4. Specific Toys and Uses		
5. Homemade Materials		
6. Basic Child Care		
7. Typical Child Care Problems		
8. Games for Infants and Mothers		
9. Physical Exercises		
10. How to Teach Your Child To Talk		
11. Agencies of Support In Your Community		
12. Group Discussions of Problems of Parenthood		
13. Thinking About The Future		
14. Discipline		

Please list any other areas in which you may need help.

Name

TRAINING SCHEDULE AND OUTLINE

FIRST DAY

I. Introduction and Over View of Home Based Programs
   A. Slide/tape "Welcome to School"
   B. Slide/tape "Come Let Us Live With Our Children"
   C. Hand-out and Discussion of Program Philosophy
II. Early Intervention
   A. Video - Tucker
   B. Discussion
   C. "Putting the Pieces Together" - overheads
   D. Filmstrip - "Nutrition-Cook and Dad"
III. "The Helping Interview"
   A. Discussion
   B. Video - Tucker
   C. Hand-outs
   D. Overheads

SECOND DAY

I. Parent Trainer
   A. Video - Tucker
   B. Procedures of Home Visit - Video and Role Play
   C. Discussion
II. The Family
   A. Hand-out
   B. Video - Tucker
   C. Role Play
   D. Video - White

THIRD DAY

I. Child Development - Introduction

A. Slide/tape "Overview of Child Development"

B. Discussion

II. Videos - Normal Infant Development

A. 6 months

B. 12 months

C. 18 months

D. Discussion of Observations (handouts)

III. Filmstrips - "First 18 Months"

A. Discussion

B. Directed Readings

1. Step By Step

2. "The Education of the Very Young"

FOURTH DAY

I. Major Handicapping Conditions

A. Filmstrips

B. Hand-out

C. Tour of Med "C"

D. Questions/Discussion

E. Bill Potts Genetic Center in Greenwood

FIFTH DAY

I. Assessing the Young Child

A. Discussion - "Measuring Instruments"

B. Hand-outs - Abstracts

C. Videos - Evaluations

D. Observation (Optimal)

E. Practice - (Trainees will do evaluations) (Optimal)

II. Curriculum Manuals

A. Types and How to Use Them

B. Discussion - "What to Look for in a Good Curriculum"

III. Hand-outs Philosophy, Objectives - go through each examples

A. Psychomotor Area (Example)

B. Cognitive Area (Example)

C. Affective Area (Example)

D. Discussion

IV. Practice - Trainees will use evaluation information to do programming in:

A. Psychomotor Area

B. Cognitive Area

C. Affective Area

V. Directed Readings

A. List of materials, books, addresses, etc.

B. Materials Display

SIXTH DAY

I. Prerequisites for planning I.E.P.'s

A. Discussion

1. Writing behavioral objectives

2. Task - Analysis

B. Directed Readings - Mager

C. Practice

SEVENTH DAY

I. Intervention Strategies

A. Behavior Modification Techniques

Guest Speaker - Dr. Pete Hutchins

II. Multisensory Approach

A. Definition and examples (charts)

B. Cautions on bombardment

C. Filmstrip "Teach Your Child to Talk"

D. Examples of Sensory Stimulation

1. towel

2. lotion

3. baby exercises

III. Sensory Integration

A. Introduction

B. Video - "Learning Disabilities"

C. Filmstrip - "On The Move"

D. Videos

1. Penny Higgins' work - OT??T

EIGHTH DAY

I. Occupational and Physical Therapy (Mary Ann Campbell and Gail Hicks)

NINTH DAY

I. Home Visits - Home Based Programs

A. Oconee County

B. Spartanburg County

TENTH DAY

I. Staffing Procedures

A. Discussion

B. Record Keeping

1. Forms Used

II. Play Materials for Young Children

A. Background on Play

1. Importance

2. Uses of particular activities for development

B. Simple toys made from house hold objects

1. Demonstrations

2. Hand-outs

C. Trainees will make a toy (mobile)

III. Conclusion of Training

A. Review and Search Procedures

1. Social Agencies and Functions

B. Questions - Discussions

Practicum Student Schedule

September 26: Introduction to staff.
General discussion of job description.
Showing of materials developed by staff.
Film strip - "Come Let Us Live with Our Children."
Discussion (any questions student may have concerning practicum.

October 3: *Workshop Development - "Play Things to Make and Take" (Ages 0-6)
Begin gathering ideas and an outline for [illegible] material for infants and toddlers on:

*Importance of play
*How to make some toys from household [illegible] etc.
*List of needed materials, etc.
*Other (may need to do some toys ahead of time - Make preparations for this).

October 10: Continue with workshop development.

October 17: Continue with workshop development [illegible] or cutting that would be needed for toys that will be demonstrated at parent meeting.

October 24: Film strip - "Child Development" [illegible]
Discussion.
[illegible] Outreach forms used for record keeping.
1. Staffing
2. Daily activity
3. Monthly summary
4. Progress report
5. Project Optimal
**Thorough discussion of how each is used and its purpose.

October 31: Curriculum Guides
Student will be shown several [illegible] emphasis will be placed on [illegible]

(Evaluation) Instruments
Bayley
McCarthy
Infant Behavior
Family Patterns
- Other (possibly videos of evaluations)
*Student can also do an evaluation project.

*Suggested References - Teacher-Made Materials
Handicapped - Canada
- How & What Your Child Learns Through Play - [illegible]

Practicum Student Schedule
Page 2

November 7: Curriculum Development
- Student will basically observe as [illegible] does activities for various [illegible] cognitive area of Piagetian [illegible].
- Discussion of guidelines for writing prescriptive activities.
- Practice session
- Discussion of practice work

November 14: Independent work by student on curriculum activities.

November 21: Curriculum activities continued.

November 28: Curriculum activities continued.

December 5: Curriculum activities continued

December 12: Videos - "Structuring the Environment to [illegible] Intervention Technique for the [illegible]"

"Family Assessment"

Tour of Med C facilities.
Try to work in a home visit in [illegible]

Conclude any unfinished areas - Sum up [illegible] whatever.

- Do evaluation forms

EVALUATION OF SUPERVISING TEACHER

OTHER PROFESSIONAL

Practicum Supervisor's Name [illegible] DATE: [illegible]

Practicum Student's Name [illegible]

School [illegible]

Please check appraisal in appropriate column: (5-Great Ability; 4-Above Average; 3-Average; 2-Below Average; 1-Poor.)

		1	2	3	4	5	
1.	Preparing the residents for your arrival	( )	( )	( )	( )	( )	NA
2.	Introducing you to faculty or staff	( )	( )	( )	( )	( )	
3.	Providing instructional materials for your use	( )	( )	( )	( )	( )	
4.	Acquainting you with the facility	( )	( )	( )	( )	( )	
5.	Explaining program policies	( )	( )	( )	( )	( )	
6.	Explaining program emergency procedures	( )	( )	( )	( )	( )	
7.	Initiating and maintaining open communication with you	( )	( )	( )	( )	( )	
8.	Informing you of the curriculum outline for the course of study or program objectives	( )	( )	( )	( )	( )	
9.	Permitting you to suggest and initiate totally new ideas	( )	( )	( )	( )	( )	
10.	Planning together daily	( )	( )	( )	( )	( )	
11.	Evaluating and analyzing together the learning that did and did not evidence itself during the day	( )	( )	( )	( )	( )	
12.	Planning for your gradual assumption of responsibilities	( )	( )	( )	( )	( )	
13.	Discussing with you the reasons underlying unusual behavior patterns	( )	( )	( )	( )	( )	
14.	How would you rate the overall performance of your supervising teacher?	( )	( )	( )	( )	( )	

Comments: [illegible]

PROGRAM EVALUATION FORM

Please place a check (✓) by the appropriate answer and add any comments you would like to make.

1. I would rate the idea of a home-based program for my child as:
   ____Poor ____Fair ____Good ____Very Good ____Excellent

   Comments: _____

2. I would rate the skills of the home visitor to effectively work with my child as:
   ____Poor ____Fair ____Good ____Very Good ____Excellent

   Comments: _____

3. As a result of the program I would rate my child's progress as:
   ____Poor ____Fair ___✓Good ____Very Good ____Excellent

   Comments: _____

4. I would rate my child's program in relation to his needs as:
   ____Poor ____Fair ____Good ____Very Good ____Excellent

   Comments: _____

5. As a result of the program I would rate my and other family members' progress in gaining skills and knowledge in working with my child as:
   ____Poor ____Fair ____Good ____Very Good ____Excellent

   Comments: _____

6. As a result of the program, I would rate my family's attitude toward our handicapped child as:
   ____Poor ____Fair ____Good ____Very Good ____Excellent

   Comments: _____

7. I would rate the feedback I receive concerning questions or concerns I have regarding my child related to my child's program as:
   ____Poor ____Fair ____Good ____Very Good ____Excellent

   Comments: _____

8. I would rate the evaluations done by the staff at Hilltop Early Learning Center as:
   ____Poor ____Fair ____Good ____Very Good ____Excellent

   Comments: _____

9. I would rate the progress reports sent to me about my child as:
   ____Poor ____Fair ____Good ___✓Very Good ____Excellent

   Comments: _____

10. I would rate the contact between my family and staff at Hilltop Early Learning Center as:
    ____Poor ____Fair ____Good ____Very Good ____Excellent

    Comments: _____

Please advise if there are any changes you would like to see made relative to the program or to the staff. _____

E.C.E. OUTREACH EXIT STAFFING FORM

Client's Name:_____ Birthdate:_____

Parent Trainer:_____ Age at Staffing:_____

Program:_____

Medications:

Restrictions:

General Recommendations:

Specific Recommendations:

1. Psychomotor

2. Cognitive

3. Affective

Recommendations for Parents:

_____

Parent Trainer

Parents comments:

_____

Parents

PROJECT OPTIMAL

O.T./P.T Evaluation
E.C.E. Outreach

Clients Name: _____

Age: _____ Address: _____

Date of Evaluation _____

Special Limitation _____

I.

Reflexes	Present	Absent	Emergent Comments
1. Rooting			
2. Sucking/Swallowing			
3. Withdrawal			
Left Foot			
Right Foot			
4. MORO			
5. Grasp			
6. Asymmetrical tonic neck			
7. Landau			
8. Protective			
9. Bite			

II.

Body Control	Poor	Fair	Good	Excellent	Comments
1. Head					
Supine					
Prone					
2. Arm Trunk					
3. Legs					
4. Feet					

SS

III.

Balance	Poor	Fair	Good	Excellent	Comments
1. Righting					
Left					
Right					
2. Sitting					
3. Crawling					
4. Standing					
5. Walking					

IV.

Body Tone	Hypotonic	Hypertonic	Normal	Comments
1. Upper Extremisa				
2. Lower "				
3. General				

V.

Nystagmus	Present	Absent	Emergent	Comments
1. Right				
2. Left				

VI.
General Comments

VII.
Recommendations

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Signature

EARLY CHILDHOOD EDUCATION-OUTREACH
EVALUATION FORM

Name:_____Sex_____Birthdate_____

Address:_____

Parents Name:_____

Parent Trainer:_____

Evaluator:_____

Age at Evaluation:_____

Psychological Data

1. Bayley Mental Scale

2. Bayley Motor Scale

3. R.E.E.L.

4. Vineland

Comments/Recommendations:_____

Patterns of Family Behavior

E.C.E. Outreach

Parent's Names_____

Informant_____

Recorder_____

Date_____

1. What have been your experiences with previous evaluations of your child?

_____

_____

_____

_____

_____

2. What diagnosis have you been given?

_____

_____

_____

_____

_____

_____

3. What lead you to "Project Optimal" and evaluation by the interdisciplinary team?

_____

_____

_____

_____

_____

_____

4. How do you perceive your child's level of functioning? Disability?

5. Do you feel that your child requires an exceptional amount of care?

6. Who assumes the care of your child?

7. How much time is spent with your child by: Mother, Father, Sibling, Other

8. How does your family spend their leisure time?

9. Do you and your husband (wife) spend time away from child (other than work)?

10. Do you feel that you have close friends, church members and/or clergy, other people outside the family as support systems?

11. Do you have regular extended family contact (in-laws, etc)? Is this contact supportive?

12. Do you feel that your marriage has undergone stress due to the disability of this child?

13. Do you feel that siblings have experienced stress due to the disability of this child?

14. Do you feel that with the help offered through "Project Optimal" (or early intervention program) your family will be better prepared to care for your child?

15. Do you feel that the purposes of "Project Optimal" have been well explained to you?

16. Do you understand the evaluation and staffing procedures of your child and family under "Project Optimal"?

_____

_____

_____

_____

_____

_____

Parent's comments and/or recommendations

Interviewer's comments and/or recommendations

* Does this family (in recorder's opinion or by family's admission) evidence basic knowledge of child development and daily care of young children?

Patterns of Infant Behavior 0-2

E.C.E. Outreach

Infant's name_____

Informant_____

Recorder_____

Date_____

Age of Infant_____

Would you describe your child as generally:

extremely active Active Average Quiet extremely quiet

How well does your child follow a schedule:

Always regular sleep and feeding Sometimes regular sleep and feeding

Rarely regular sleep and feeding Never regular sleep and feeding

_____

_____

Does your child sleep soundly or is he/she easly disturbed and restless during slee

_____

_____

Does your child sleep thru the night?_____

_____

_____

Where does your child sleep?_____

_____

_____

What is your child's usual bedtime?_____

_____

_____

Does your child take daytime naps? If so, when?_____

_____

_____

ETVE 216

What position does your child sleep in?_____

_____

_____

How does your child go to sleep?_____

_____

_____

What is your child's usual behavior when he/she wakes up?_____

_____

_____

Does your child have mannerisms or special behavior when he/she is tired?

_____

_____

When does your child eat?_____

_____

_____

Describe sucking habits of child (bottle, thumb, pacifier etc.)_____

_____

_____

What liquids do you give your child?_____

_____

_____

Does your child use a bottle, training cup, reg. cup?_____

_____

_____

What solids? Does your child eat any table foods?_____

_____

_____

Is your child allergic to any foods?_____

Does your child usually drink the same amount of liquids?_____

Does your child usually eat the same amount of solids?_____

Is your child easily distracted during feeding?_____

Does your child adjust easily to a change in feeding schedule?_____

If feeding is interupted, how does your child react?_____

How does your child let you know when he is hungry?_____

How does your child act during feedings?_____

How does your child act after feeding?_____

How do you know when your child is full?_____

How does your child react to new foods?_____

_____

_____

Where does your child eat?_____

_____

_____

Who usually feeds your child?_____

_____

_____

Does your child spit up his milk or solids often?_____

_____

_____

Does your child have regular B.M.?_____

_____

_____

Does he cry, strain, or indicate when having B.M.?_____

_____

_____

Does your child indicate that he is soiled?_____

_____

_____

Does your child indicate that he is wet?_____

_____

_____

Does he fuss, squirm, laugh, etc when diaper is changed?_____

_____

_____

Does your child have frequent diaper rash?_____

_____

_____

How does your child react to bath?_____

_____

_____

How does your child behave when changing clothes?_____

_____

_____

How does your child react to hair brushing, washing hair and face, nail cutting? If fussy, can you usually distract him with a toy?_____

_____

_____

How does your child respond to illness?_____

_____

_____

How does your child act with a fever?_____

_____

_____

Does your child need frequent visits to Dr. other than check-ups?_____

_____

_____

Has your child ever been hospitalized? If so, for what and how long?_____

_____

_____

Does your child have his immunizations?_____

Does your child seem susceptible to colds,sore throat, ear infections?_____

Is your child on <u>any</u> medication? If so, what?_____

Does your child have any teeth? If so are they about average for his age?

Does your child have trouble teething?_____

How does your child react to strangers?_____

How does your child react to familar people?_____

Does your child accept or reject new situations?_____

How does your child react to animals?_____

What is the relationship between your child and siblings?_____

_____

_____

Where is your child when awake?_____

_____

_____

When is your child most awake and alert?_____

_____

_____

Does your child cry a lot when awake? How much?_____

_____

_____

How do you comfort your child when crying?_____

_____

_____

If you can't get to your child right away when crying, how does he react?

_____

_____

Does your child smile or laugh during play or alone?_____

_____

_____

Can your child amuse himself alone?_____

_____

_____

Does your child enjoy toys? Does he have a favorite toy? How does he react to new toys?_____

_____

_____

When playing with toy, does your child have a lot of movement or stay mainly still?_____

_____

Does your child get frustrated when he can't reach a toy he wants?_____

_____

_____

Does your child spend most of awake time quietly or "into everything"? A little of both?_____

_____

_____

What noises/sounds does your child make?_____

_____

_____

Does your child ever seem to imitate sounds, coughs, etc he hears?_____

_____

_____

How does your child react when you hold him?_____

i.e. cuddles, rejects, clings_____

_____

Does your child have any self-stimulatory behavior, head rocking, spinning toys?_____

_____

_____

Does your child bring his hand to mouth?_____

_____

_____

Does your child watch his hands play?_____

_____

_____

Does your child play with his feet?_____

_____

_____

Does your child have any special interests/hobbies?_____

_____

_____

Does your child have any specific fears or dislikes?_____

_____

_____

SPARTANBURG TECHNICAL COLLEGE

July 2nd, 1975

Dear Nancy,

It was a real pleasure getting to know you on our trip to Columbia Thursday.

Your work sounds as rewarding and your enthusiasm unlimited! To me, just knowing you sincere you are about your work, gives me security for those who at first don't help themselves.

If I can ever be of assistance to you, please feel free to call.

Again, thanks!

Best regards,
Vicki Forest
Community Services
Coordinator

Administration
WADE C. WATTERS, Ed.D.
Deputy Commissioner,
Professional Services

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STATE OF SOUTH CAROLINA
DEPARTMENT OF MENTAL RETARDATION
2712 MIDDLEBURG DRIVE
P. O. BOX 4706
COLUMBIA, SOUTH CAROLINA 29240

August 22, 1978

Mrs. Lewis C. Kirby
Route 11, Haslett Street
Spartanburg, South Carolina 29302

Dear Mrs. Kirby:

Dr. Barnett asked that I reply to your most interesting letter of August 10, 1978. As the father of a 22-year-old Downs Syndrome young man, I fully realize the terrifying feelings you had. And I can understand your happiness at finding some assistance.

When we were told that Steve was a Downs Syndrome, my wife and I were shocked, to say the least. We felt alone and were very much afraid. What a great help it would have been at that time to have someone to talk to -- someone who had been down the same road. I am so happy that the Spartanburg ARC contacted you so quickly. That's what the help really is -- parents helping parents.

The program at the Charles Lea Center is one of several [illegible] South Carolina providing early intervention training. There is no doubt that children with disbilities, and their parents, can be helped and that help must come early. The Lee Center's program and Whitten Village's Outreach Program are fine examples of help early on.

I would like you to know that the Department of Mental Retardation is moving to expand this type of service. At the present time, [illegible] numbers school-aged clients in DMR's vended community programs, [illegible] the Lee Center, are being shifted over to public school special ed. [illegible] classes. One of the benefits of this shift is the freeing-up of [illegible] dollars that have been supporting these school-aged clients in our [illegible] grams. We can now begin to shift these dollars to expand our pre-school programs (early intervention and day care) and our adult services. There are tremendous needs in both areas and these dollars will be of great value.

Quite often, my wife and I talk about these last 22 years with Steve. We've had some bad times but we wouldn't "trade" him in for anything.

has shown us how to love. We try to keep Steve in the mainstream of life. He completed his special education last year and now attends Babcock Center daily. He enjoys going to basketball games and wrestling matches. He knows all of the major league baseball players and teams. What a sports nut!!

We hope that someday, in the not-too-distant future, Steve (if he wants to) can find a home of his own -- perhaps in a community apartment with his friends. He needs supervision and help, but he certainly could live somewhat independently.

If I can be of any assistance to you, please let me know. I might add that several parents are planning a statewide meeting of parents of Downs Syndrome children for March 1979 in Columbia. It should be a most interesting one-day meeting. If you are interested, please write to:

Mr. Wendell Pope
3016 Aintree Dr.
Columbia, SC 29206

Sincerely,

Charles M. Luce
Director, Public Affairs

CML/b:

DEPARTMENT OF MENTAL RETARDATION

PIEDMONT REGION
CLINTON, SOUTH CAROLINA 29325

September 6, 1973

Ms. Nancy Gooch
BCY Outreach
Whitten Village

Dear Ms. Gooch:

The article that appeared in the Spartanburg [illegible] was excellent. I apologize for not thanking you earli[illegible] the copy that you shared. I get letters from persons [illegible] part of these programs and it appears that they are c[illegible] closer than anything else to meeting their needs.

I hope that we will be able to continue what [illegible] started. Please be assured that I will do my part.

Thanks for all you do.

Sincerely,

Charles H. Chadwell

Charles H. Chadwell, Ph.
Regional Superintendent

CHC/nw

DEPARTMENT OF MENTAL RETARDATION

PIEDMONT REGION
WHITTEN VILLAGE
P.O. DRAWER 20
CLINTON, SOUTH CAROLINA 29325

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September 6, 1978

Ms. Nancy Gooch
RCH Outreach
Whitten Village

Dear Ms. Gooch:

I have reviewed the publication, "Structuring the Environment As An Intervention Technique For The Handicapped" by Nattie Dillon. It is quite good and I want to thank you for sharing this information with me. It seems to me that there are a number of interesting concepts that she presents here. It may be of some interest to you to know that I have been in a number of resource rooms and find the layout that is described here as good as any that I have ever seen.

I am sure that you have shared this with Dr. [illegible] with David Sexton. If there is a way to use this idea as a follow up in our utilization of space, it would be helpful. It seems to me that even though this project is for children five to eight year old, the application could be made for [illegible]

Sincerely,

Charles H. Chadwell

Charles H. Chadwell, Ph.D.
Regional Superintendent

CHC/bw

Enclosure

SERVING THE COUNTIES OF ABBEVILLE, ANDERSON, CHEROKEE, CHESTER, [illegible]
GREENWOOD, LAURENS, SALUDA, SPARTANBURG, UNION AND YORK THROUGH COMMUNITY SERVICES [illegible]